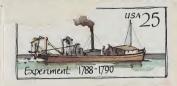
Entry Blank—Please Type or Print Ms./Artist ☐ Mr./Artist (last name last) Permanent Address Daytime Tel. (216) 66-20 Temporary or Studio Address Street City Daytime Tel. (Zip area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: imp towor **Special Instructions** Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. Signature I have received the unsold/unaccepted object() in good condition. Signature

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

A □ Pair □ Scu	-	☐ Graphics ☐		raphy ecify category)	
Materials used (medi	benter uc	cel 5i	lver, w	ood,	
Title	-				
100 N	lance (or	Dec	tions	>	
Price or NFS	Insurance Value if NFS Only		Size 3) × 9 /2 × 1 /2 height x width x depth		
	GRAPHICS AND PHO	TOGRAPH	Y ONLY		
Additional No. For Sale	Total No. in Edition	Price of Unframe		Price of Frame Only	
NOT ACCEPTED DO NOT WRITE IN THIS SECTION ACCEPTED NOT ACCEPTED NOT ACCEPTED					
Paintings ☐ Graphics ☐ Photography ☐ Sculpture ☐ Crafts ☐ Sculpture ☐ Crafts ☐ Craft ☐ Crafts ☐ Craft					
Materials used (medi	bronze no	cheli	silver, god I	leaf-	
Title Pors	e Piec	0.			
Price or NFS Insurance Value If NFS Only Size 35 x 14 x 1 height x width x dep			h x depth		
	GRAPHICS AND PHO	TOGRAPH	Y ONLY		
Additional No. For Sale	Total No. in Edition			Price of Frame Only	
ACCEPTED	DO NOT WRIT		ACCEPTED	-	
NOT ACCEPTED	6 - 21 9 1	11/9	NOT ACCEPT	ED DATE	

1989 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



Rica Louscher	
Name	
1489 N. Hametown	Ra
Address	
Akmon Ohio	44313
City & State	Zip

Notification #2

Do Not Detach

A	☐ Paintings ☐ Sculpture	☐ Graphics Crafts .	☐ Photography
Title			
Too	Many (onnectic	05

DO NOT WRITE IN THIS SECTION ACCEPTED NOT ACCEPTED

Title

Do Not Detach

DO NOT WRITE IN THIS SECTION ACCEPTED NOT ACCEPTED

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT